

**ORDER OF SUSPENSION
(by Chief of Police)**

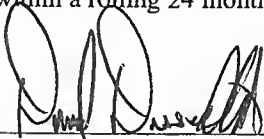
June 25, 2018

TO: Officer Thomas Wysocki


You are hereby notified, pursuant to Section 5/10-2.1-17 of Chapter 65 of the Illinois Compiled Statutes, that you are suspended as a Police Officer of the Police Department of the Village of Norridge, for a period of two (2) days June 29, 2018 and July 1, 2018 for the following reason:

That on to-wit, June, 11, 2018 on or about 5:07 PM, Officer Thomas Wysocki, being a member of the Norridge Police Department, assigned to unit 505, was involved in a crash with a parked vehicle while traveling northbound on the 4800 block of Ozark during routine patrol. Officer Wysocki was determined to have failed to exercise reasonable and due care by the accident review board. Officer Wysocki was involved in a previous preventable accident on May 31, 2018..

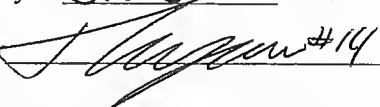
In violation of the Rules and Regulations and Policies and Procedures of the Police Department of the Village of Norridge, State of Illinois, as passed and approved by the Village of Norridge President and Board of Trustees and effective on the 1st day of March, 2014, that at said time and place Officer Thomas Wysocki was guilty of violating Rule 2.33.2 Proper Use of Motor Vehicles and General Order 14-04 Section III 2c ii. Which states for a second finding of a classification II crash by the accident review board within a rolling 24 month period a two day suspension will be imposed on the officer.



Dave Disselhorst
Chief of Police
Norridge Police Department
Norridge, Illinois

Received a copy of the above Order of Suspension this

26 day of June 2018

Signed: Officer 

Cc: Board of Police and Fire Commissioners
Ursula Kucharski, Chairperson Police Committee

Norridge Police Department
Accident Review Board

| Date Assigned | Member | Present | Excused | Unexcused |
|---------------|-----------------|---------|---------|-----------|
| 5/1/2003 | Officer Malicki | X | | |
| 7/15/2016 | Corporal Wendt | X | | |
| 10/01/2016 | Officer Smith | X | | |
| 6/28/2017 | Sergeant Rice | X | | |
| | | | | |
| | | | | |

Review Date: 6/24/18
Officer: Officer Wysocki #14

M/V Crash Incident Number: 18-005554
Squad: #505

1. Classification I
 - a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
 - b. The employee was legally parked or standing.
 - c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
 - d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.
2. Classification II
 - a. The employee failed to exercise reasonable and due care.
 - b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
 - c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 2c (ii).

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



X001176965

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|----|---|------|---|------|---|------|---|------|----|----|-----|----|---|------|----|---|------|---|------|----|------|---|----|-----|-----|
| DRAC | 1 | 1 | PEDV | 2 | TRFD | 4 | WEAT | 1 | DRVA | 14 | 1 | VIS | 1 | 1 | VEHD | 1 | 1 | LGHT | 1 | COLL | 12 | MANV | 9 | 11 | PPA | PPL |
| U1 | U2 | | | | | | | | | | U2 | U1 | U2 | | U1 | U2 | | | | | | | | | | |

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|---|---|---|---|---|------------------|
| INVESTIGATING AGENCY Norridge Police Department | DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500 | TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED | <input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash | AGENCY CRASH REPORT NO. 18-005046 | TRFW 1 |
|---|---|---|---|---|------------------|

| | | | | | | | | |
|-------------|---|---|-----------------------------------|--|-----------------------------------|--|-----------|------------------|
| ADDRESS NO. | HIGHWAY OR STREET NAME N OLCOTT AVE | <input checked="" type="checkbox"/> City NORRIDGE | Township <input type="checkbox"/> | INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | DATE OF CRASH 5/31/2018 | TIME 6:14 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | LARS CODE | VEHT 1 |
|-------------|---|---|-----------------------------------|--|-----------------------------------|--|-----------|------------------|

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|--|---|-----------------------|---|--|-----------|----------------|
| (CIRCLE) <input type="checkbox"/> FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH | (CIRCLE) W IRVING PARK RD (NAME OF INTERSECTION OR ROAD FEATURE) | COUNTY COOK | DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | NUMBER MOTOR VEHICLES INVLD 2 | LARS CODE | U2 1 |
|--|---|-----------------------|---|--|-----------|----------------|

| | | | | | | | | |
|--|------------------------------------|---------------------|--------------------------------|---------------------|---|-----------------------|--|----------------------|
| NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV WYSOCKI, THOMAS | DATE OF BIRTH [REDACTED] | MAKE FORD | MODEL CROWN VICTORIA | YEAR 2011 | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8 | FRONT REAR | TOWED DUE TO CRASH <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR | NO LANES 0 |
|--|------------------------------------|---------------------|--------------------------------|---------------------|---|-----------------------|--|----------------------|

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|--|-----------------|------------------|-----------------|----------------------------|--------------------|---------------------|---|-------------------|
| STREET ADDRESS 4020 N OLCOTT AVE | SEX M | SAFT 2 | AIR 4 | PLATE NO. MP7110 | STATE IL | YEAR 2018 | VEHICLE OWNER (LAST, FIRST, M.I.) VILLAGE, OR N | ALIGN 1 |
|--|-----------------|------------------|-----------------|----------------------------|--------------------|---------------------|---|-------------------|

| | | | | | | | |
|-------------------------|--------------------|---------------------|--------------------|-------------------|---------------------------------|--|------------------|
| CITY NORRIDGE | STATE IL | ZIP 60706 | INJURY O | EJECT 1 | VIN 2FABP7BV3BX104420 | INSURANCE CO. Mesirow Insurance services | VEHU 6 |
|-------------------------|--------------------|---------------------|--------------------|-------------------|---------------------------------|--|------------------|

| | | | | | | | |
|------------------------------------|---|--------------------|-------------------|--|--------------------------------|----------------------------------|----------------|
| TELEPHONE (708) 453-4770 | DRIVER LICENSE NO. [REDACTED] | STATE IL | CLASS D | OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 N OLCOTT NORRIDGE, IL, 60706 | TELEPHONE [REDACTED] | POLICY NO. BGA30005406 | U1 2 |
|------------------------------------|---|--------------------|-------------------|--|--------------------------------|----------------------------------|----------------|

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|----------------------------|------------|---|------------------------------------|----------------------|---------------------------------|---------------------|---|-----------------------|---|----------------|
| TAKEN TO Refused | EMS AGENCY | NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV [REDACTED] | DATE OF BIRTH [REDACTED] | MAKE HONDA | MODEL CIVIC (AND CRX) | YEAR 2006 | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 4 | FRONT REAR | TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input checked="" type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR | U2 1 |
|----------------------------|------------|---|------------------------------------|----------------------|---------------------------------|---------------------|---|-----------------------|---|----------------|

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|-------------------------------------|-----------------|------------------|-----------------|--------------------------------|--------------------|---------------------|--|------------------|
| STREET ADDRESS [REDACTED] | SEX F | SAFT 2 | AIR 4 | PLATE NO. [REDACTED] | STATE IL | YEAR 2018 | VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED] | BAC 97 |
|-------------------------------------|-----------------|------------------|-----------------|--------------------------------|--------------------|---------------------|--|------------------|

| | | | | | | | |
|------------------------|--------------------|---------------------|--------------------|-------------------|--------------------------|---------------------------------|-----------------|
| CITY CHICAGO | STATE IL | ZIP 60634 | INJURY O | EJECT 1 | VIN [REDACTED] | INSURANCE CO. Safeway | U1 96 |
|------------------------|--------------------|---------------------|--------------------|-------------------|--------------------------|---------------------------------|-----------------|

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|--------------------------------------|---|--------------------|-------------------|---|--------------------------------------|---------------------------------|----------------|
| TELEPHONE (773) [REDACTED] | DRIVER LICENSE NO. [REDACTED] | STATE IL | CLASS D | OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] | TELEPHONE (773) [REDACTED] | POLICY NO. [REDACTED] | U2 1 |
|--------------------------------------|---|--------------------|-------------------|---|--------------------------------------|---------------------------------|----------------|

| | | | | | | | | | | | | |
|--------|--------|-------|-------|--------|-------|-------|---------|-----------------------------|-------------------------|--------|-------|----------------|
| (UNIT) | (SEAT) | (DOB) | (SEX) | (SAFT) | (AIR) | (INJ) | (EJECT) | PASSENGERS & WITNESSES ONLY | (NAME) / (ADDR) / (TEL) | (HOSP) | (EMS) | U1 1 |
|--------|--------|-------|-------|--------|-------|-------|---------|-----------------------------|-------------------------|--------|-------|----------------|

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| | | | | | | | | | | | | U2 5 |
|--|--|--|--|--|--|--|--|--|--|--|--|----------------|

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| | | | | | | | | | | | | U1 5 |
|--|--|--|--|--|--|--|--|--|--|--|--|----------------|

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| | | | | | | | | | | | | U2 5 |
|--|--|--|--|--|--|--|--|--|--|--|--|----------------|

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|--------|--------|--------|-------|-----------------------------|------------------|--------------------------|--------------------------|---|
| (EVNO) | (MOST) | (EVNT) | (LOC) | DAMAGED PROPERTY OWNER NAME | DAMAGED PROPERTY | CONTRIBUTORY CAUSE(S) | POSTED SPEED LIMIT | Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
|--------|--------|--------|-------|-----------------------------|------------------|--------------------------|--------------------------|---|

| | | | | | | | | | | |
|---|-------------------------------------|----|---|------------------------|------|-------|-----|----------------------|----|---|
| 1 | <input checked="" type="checkbox"/> | 11 | 1 | PROPERTY OWNER ADDRESS | CITY | STATE | ZIP | PRIMARY 03 | 20 | If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type |
|---|-------------------------------------|----|---|------------------------|------|-------|-----|----------------------|----|---|

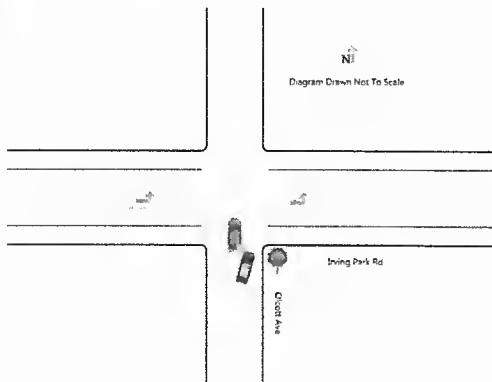
| | | | | | | | | | | |
|---|--------------------------|--|--|-------------|---------|--------------|------------------------|--|---|---|
| 2 | <input type="checkbox"/> | | | ARREST NAME | SECTION | CITATION NO. | SECONDARY 18 | DATE POLICE NOTIFIED 5/31/2018 | TIME NOTIFIED 6:14 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
|---|--------------------------|--|--|-------------|---------|--------------|------------------------|--|---|---|

| | | | | | | | | |
|---|-------------------------------------|----|---|-------------|---------|--------------|------------|--|
| 1 | <input checked="" type="checkbox"/> | 11 | 1 | ARREST NAME | SECTION | CITATION NO. | COURT DATE | COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
|---|-------------------------------------|----|---|-------------|---------|--------------|------------|--|

| | | | | | | | |
|---|--------------------------|--|--|----------------------------|----------------------------------|-------------|---|
| 2 | <input type="checkbox"/> | | | OFFICER ID. 5108 | SIGNATURE Vaughn Watts | BEAT / DIST | SUPERVISOR ID. Salvatore Auriemma, 5204 |
|---|--------------------------|--|--|----------------------------|----------------------------------|-------------|---|

X001176965

A Diagram and Narrative are required on all Type B crashes,
even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

In Summary, Unit 1 was S/B in the 4000 block of Olcott turning W/B Irving Park Road preparing to go to an emergency call. Unit 2 was stopped at a stop sign waiting for traffic to clear to continue S/B Olcott from the 4000 block. Unit 1, with it's front driver side bumper struck Unit 2 in the rear passenger side bumper causing scratches to both. Driver of Unit 1, per Norridge Department Policy, was required to seek medical attention at the Presence Immediate Care. Unit 2 did not require any medical attention. No tows were required due to minimal damage.

LOCAL USE ONLY

Motorist 1 Report No:

N 41.9525

Motorist 2 Report No:

W -87.8145

U1 Color: White

U2 Color: Silver, Aluminum

U1 Race: W

U2 Race: W

U1 Towed by / to:

U2 Towed by / to:

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ?

☐ Y☐ N

If yes, name on placard _____

4-Digit UN no. _____

1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash ?

☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed ?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service ? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____

WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):

0-96"

97-102"

>102"

TRAILER 1 ☐☐☐TRAILER 2 ☐☐☐

TRAILER LENGTH(S): 1 _____ ft

TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft

NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

MILES N E S W OR

CIRCLE ONE

CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____

LOAD TYPE _____

Sheet **1** of **1** Sheets



* X001189023 *

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------|--|-------------------------------------|-----------|-----------|---|---------|---|---|--------------------------------|--------------------------------------|---|--|--|---|--|--|--|-----------|---|------------------|---|--|---|--|
| ORAC 1 | U2 | PEDV | TRFD 1 | TRFC 1 | WEAT 1 | DRVA 16 | U2 1 | U1 1 | U2 1 | U1 1 | U2 1 | LGHT 1 | COLL 9 | MANV 1 | U2 21 | PPA | PPL | TY002 | | *X001189023* | | | | | |
| INVESTIGATING AGENCY Norridge Police Department | | | | | | DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500 | | | TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED | | | <input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash | | | AGENCY CRASH REPORT NO. 18-005554 | | | TRFW 1 | | | | | | | |
| ADDRESS NO. 4841 | | HIGHWAY OR STREET NAME N OZARK AVE | | | | | | <input checked="" type="checkbox"/> City NORRIDGE | | | TOWNSHIP <input type="checkbox"/> | | INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | DATE OF CRASH 6/11/2018 | | TIME 5:07 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | LARS CODE | | VEHT 1 | | | | |
| (CIRCLE) <input type="checkbox"/> FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH | | | | | | (CIRCLE) (NAME OF INTERSECTION OR ROAD FEATURE) | | | | | | COUNTY COOK | | PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | DOORING WITH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | NUMBER MOTOR VEHICLES INVLD 2 | | LARS CODE | | U1 1 | | | |
| NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EOVES <input type="checkbox"/> NMV <input type="checkbox"/> NCV WYSOCKI, THOMAS | | | | | | DATE OF BIRTH mo / day / yr [REDACTED] | | MAKE FORD | | MODEL CROWN VICTORIA | | YEAR 2011 | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 3 | | | | TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR | | U2 2 | | | | | |
| STREET ADDRESS 4020 N OLCOTT AVE | | | | | | SEX M | | SAFT 2 | | AIR 4 | | PLATE NO. MP7110 | | STATE IL | | YEAR 2011 | | | | ALIGN 1 | | | | | |
| CITY NORRIDGE | | | | | | STATE IL | | ZIP 60706 | | INJURY O | | EJECT 1 | | VIN 2FABP7BV3BX104420 | | | | | | RSUR 1 | | | | | |
| TELEPHONE (708) 453-4770 | | | | | | DRIVER LICENSE NO. [REDACTED] | | | | | | STATE IL | | CLASS D | | VEHICLE OWNER (LAST, FIRST, M.I.) VILLAGE OF NORRIDGE | | | | INSURANCE CO. Underwriters at Lloyd's of London | | VEHU 6 | | | |
| TAKEN TO Refused | | | | | | EMS AGENCY | | | | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 N OLCOTT NORRIDGE, IL, 60706 | | | | | | TELEPHONE (708) 453-4770 | | POLICY NO. BGA30005406 | | U1 1 | | | |
| NAME <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EOVES <input type="checkbox"/> NMV <input type="checkbox"/> NCV | | | | | | DATE OF BIRTH mo / day / yr [REDACTED] | | MAKE TOYOTA | | MODEL VENZA | | YEAR 2009 | | CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8 | | | | TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input checked="" type="checkbox"/> COM VEH <input checked="" type="checkbox"/> * IF YES SEE SIDEBAR | | U2 1 | | | | | |
| STREET ADDRESS [REDACTED] | | | | | | SEX [REDACTED] | | SAFT [REDACTED] | | AIR [REDACTED] | | PLATE NO. [REDACTED] | | STATE IL | | YEAR 2018 | | | | BAC 96 | | | | | |
| CITY [REDACTED] | | | | | | STATE [REDACTED] | | ZIP [REDACTED] | | INJURY [REDACTED] | | EJECT [REDACTED] | | VIN [REDACTED] | | | | | | U1 96 | | | | | |
| TELEPHONE [REDACTED] | | | | | | DRIVER LICENSE NO. [REDACTED] | | | | | | STATE [REDACTED] | | CLASS [REDACTED] | | VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED] | | | | INSURANCE CO. Geico | | U2 96 | | | |
| TAKEN TO [REDACTED] | | | | | | EMS AGENCY | | | | | | OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED] | | | | | | TELEPHONE (773) [REDACTED] | | POLICY NO. [REDACTED] | | U2 1 | | | |
| (UNIT) | (SEAT) | (DOB) | (SEX) | (SAFT) | (AIR) | (INJ) | (EJECT) | PASSENGERS & WITNESSES ONLY | | | | | | (NAME) / (ADDR) / (TEL) | | (HOSP) | | (EMS) | | U1 0 | | | | | |
| | | | | | | | | | | | | | | | | | | | | U2 DIRP | | | | | |
| | | | | | | | | | | | | | | | | | | | | U1 1 | | | | | |
| | | | | | | | | | | | | | | | | | | | | U2 1 | | | | | |
| UNIT 1 | | (EVNO) | (MOST) | (EVNT) | (LOC) | DAMAGED PROPERTY OWNER NAME | | | | | | DAMAGED PROPERTY | | | | | | CONTRIBUTORY CAUSE(S) | | POSTED SPEED LIMIT | | Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | |
| | | 1 | <input checked="" type="checkbox"/> | 18 | 3 | PROPERTY OWNER ADDRESS | | | | | | CITY | | | | | | STATE | | ZIP | | PRIMARY 04 | | If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type | |
| | | 2 | <input type="checkbox"/> | | | ARREST NAME | | | | | | SECTION | | | | | | CITATION NO. | | SECONDARY 99 | | 20 | | | |
| | | 3 | <input type="checkbox"/> | | | ARREST NAME | | | | | | SECTION | | | | | | CITATION NO. | | DATE POLICE NOTIFIED 6/11/2018 | | TIME NOTIFIED 5:07 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | | Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | |
| UNIT 2 | | 1 | <input checked="" type="checkbox"/> | 11 | 1 | OFFICER ID. 5204 | | | | | | SIGNATURE Salvatore Auriemma | | | | | | BEAT / DIST. | | SUPERVISOR ID. Vaughn Watts, 5108 | | COURT DATE | | COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM | |

X001189023

A Diagram and Narrative are required on all **Type B** crashes,
even if units have been moved prior to the officer's arrival.



Ozark Avenue

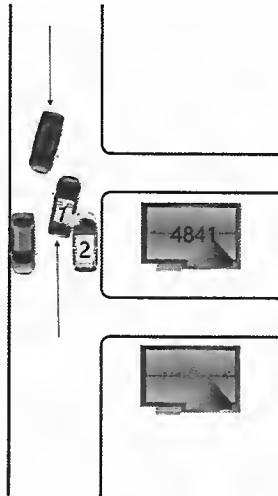


Diagram Drawn Not To Scale

NARRATIVE (Refer to vehicle by Unit No.)

R/O spoke to driver of Unit 1 who related the following in summary:

Driver of Unit 1 was driving his unit northbound on the 4800 block of Ozark Avenue.

Driver of Unit 1 observed an oncoming vehicle traveling southbound on the 4800 block of Ozark Avenue in his direction. Driver of Unit 1 moved right and the driver of the oncoming vehicle did the same to allow each other room to pass between parked cars. While passing Driver of Unit 1 struck the front driver's side fender of Unit 2 with the passenger side rear tire well of Unit 1. Unit 2 was parked and unoccupied. There were no reported injuries. Neither vehicle had to be towed from the scene.

LOCAL USE ONLY

Motorist 1 Report No: **N 41.9682**Motorist 2 Report No: **W -87.8204**U1 Color: **White**U2 Color: **White**

U1 Race:

U2 Race:

U1 Towed by / to:

U2 Towed by / to:

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash?
☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____